

|                                                                                                                                                        |                  |                                                                                  |        |                                                         |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------|--------|---------------------------------------------------------|------------------|-------------|--|
| No. <b>W 49512</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2012</b>                                            |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>                                                        |        | MICHAEL L MILLER<br>23393 LAKHOTA LN<br>WILDER ID 83676 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                        |        | 3. <u>New</u> Registered Agent Signature:*              |                  |             |  |
|                                                                                                                                                        |                  | BLUE ROCK, LLC<br>MICHAEL L MILLER<br>23393 LAKHOTA LN<br>WILDER ID 83676<br>USA |        |                                                         |                  |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                  |        |                                                         |                  |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                             | City   | State                                                   | Country          | Postal Code |  |
| MANAGER                                                                                                                                                | MICHAEL L MILLER | 23393 LAKHOTA LN                                                                 | WILDER | ID                                                      | USA              | 83676       |  |
| MANAGER                                                                                                                                                | CHERYL MILLER    | 23393 LAKHOTA LN                                                                 | WILDER | ID                                                      | USA              | 83676       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                |        |                                                         |                  |             |  |
| <b>ID<br/>W 49512</b>                                                                                                                                  |                  | Signature: Michael miller                                                        |        |                                                         | Date: 02/09/2012 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Michael miller                                             |        |                                                         | Title: Member    |             |  |
| Processed 02/09/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.        |        |                                                         |                  |             |  |